

**BEHAVIOUR REPORTING FORM (Rzone)**

**Individual Reporting Details:**

Name of Person Reporting: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Numbers: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Incident Information:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Activity Group, Event, or Other Relevant Information: \_\_\_\_\_

**Other(s) Involved:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Numbers: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email Address: \_\_\_\_\_

*Attach extra pages if necessary*

**Description of What Happened:**

*Attach extra pages if necessary*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Witnesses (if any):**

Name	Telephone	Email

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**Who Else Was Made Aware Of The Incident?**

\_\_\_ Activity Group Leader:                      Name: \_\_\_\_\_ Phone/e-mail \_\_\_\_\_

\_\_\_ City Staff    Name: \_\_\_\_\_ Position \_\_\_\_\_

\_\_\_ Emergency Medical Services                      Detail: \_\_\_\_\_

\_\_\_ Fire Department                                      Detail: \_\_\_\_\_

\_\_\_ Police:    Officer: \_\_\_\_\_ Badge # \_\_\_\_\_ Incident # \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You may be contacted regarding this incident. Those involved in the incident may be asked to attend a meeting to resolve differences and ensure that all GWSA members are heard and respected.

**Please-submit this incident report to the Front Desk**  
**For follow-up by the Program Coordinator or Volunteer Coordinator.**  
*(Note: incidents have a better chance of resolution if notification has been received within 24 hours)*

**For GWSA Use Only**

**Action Taken:**

1. Meeting/Phone call	___ _____	Date _____
2. Letter of Warning	___ _____	Date _____
3. Letter of Trespass	___ _____	Date _____
4. Probation	___ _____	Date _____
5. Suspension	___ _____	Date _____
6. Ban from Activity group	___ _____	Date _____
7. Revoke membership	___ _____	Date _____
8. Other: Describe	___ _____	Date _____

Appeal: \_\_\_ Yes \_\_\_ No                      \_\_\_\_\_ Date \_\_\_\_\_

Outcome: \_\_\_\_\_

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File Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position \_\_\_\_\_ Signature: \_\_\_\_\_

**Original Board Approval:**  
**Governance Committee Approved:**  
**Board Approval:**

October 15, 2008  
March 9, 2020  
March 25, 2020